



STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
P.O. Box 31, Sacramento, CA 95812-0031
(916) 445-3338

REQUEST FOR INSIGNIA BY QUALITY ASSURANCE AGENCY

DEPARTMENT USE ONLY

Col. No. _____

Fee Rec'd _____

Date _____

SECTION 1 - REQUEST FOR HCD INSIGNIA

QUALITY ASSURANCE AGENCY NAME AND ID NO: _____

ADDRESS: _____ TELEPHONE: _____

INSIGNIA TYPE REQUESTED: ☐ Commercial Modular (CM) ☐ Special Purpose Commercial Modular (SPCM)

☐ FBH Dwelling Unit Label (orange) ☐ Multi-Unit Manufactured Home (MUMH) ☐ FBH Building Component Label (red)

NO. OF INSIGNIA REQUESTED:

No. of MUMH, CM or SPCM insignia Requested: _____ @ \$48.00 ea. = \$ _____ (Total Fees Submitted)

No. of FBH Building Component Label Requested: _____ @ .85 Cents ea. = \$ _____ (Total Fees Submitted)

No. of FBH Dwelling Unit Label Requested: _____ @ \$62.00 ea. = \$ _____ (Total Fees Submitted)

INSIGNIA ADMINISTRATOR: _____ DATE: _____
(Sign) (Print)

SECTION 2 - INSIGNIA SHIPMENT

TYPE SHIPPED: ☐ Commercial Modular (CM) ☐ Special Purpose Commercial Modular (SPCM)

☐ FBH Dwelling Unit Label (orange) ☐ Multi-Unit Manufactured Home (MUMH) ☐ FBH Building Component Label

QUANTITY SHIPPED: _____ INSIGNIA NO.: _____ THROUGH & INCLUDING NO.: _____

ISSUED BY: _____ DATE: _____

SECTION 3 - INSIGNIA RECEIVING REPORT

DATE RECEIVED: _____ QUANTITY RECEIVED: _____

INSIGNIA NO.: _____ THROUGH AND INCLUDING NO.: _____

I have carefully inspected this shipment of HCD Insignia and certify that all insignia received are in satisfactory condition and are correct as indicated in Section 2, except as follows:

(ENTER ANY INSIGNIA NUMBER(S) AFFECTED)

☐ Missing: _____ ☐ Damaged: _____

☐ Duplicate: _____ ☐ Misprint: _____

☐ Other: _____

Insignia identified as Damaged, Misprint, Duplicate, and/or Other must be returned to HCD with this form.

INSIGNIA ADMINISTRATOR: _____ DATE: _____
(Sign) (Print)